

Town of Acton

Request for Proposals

For an Ice Cream Vendor to Operate the
NARA Beach Snack Bar, and Provide Supplementary Ice
Cream Services at
Specified Concerts and Events



January 2020

This document and any addenda thereto are issued electronically only. It is the responsibility of every bidder who receives this bid and all associated documents to check the Town of Acton website for any addenda or modification to this solicitation, if they intend to respond. The Town of Acton accepts no liability to provide accommodation to bidders who submit a response based upon an out of date solicitation document. Bidders may not alter (manually or electronically) the bid language or any bid documents. Unauthorized modifications to the body of the bid, specifications, terms or conditions, or which change the intents of this bid are prohibited and may disqualify a response.

SECTION I. INTRODUCTION AND BACKGROUND

The Town of Acton is seeking Proposals from qualified ice cream vendors interested in the supply and management of the NARA Beach Snack Bar and associated areas located at NARA Park, 25 Ledge Rock Way, Acton, MA 01720.

The RFP, with specifications and requirements, may be obtained from the Town website at: <http://actonma.gov/rfp>.

The Town of Acton, acting through its Town Manager may award one (1) ice cream vendor license to the qualified, most advantageous proposal amount so as to allow the successful vendor to sell ice cream and assorted products at the NARA Beach Snack Bar for a three year lease agreement with the timeframe worked out with the Acton Recreation Department.

NARA Beach Snack Bar, located at 25 Ledge Rock Way, is NARA Beach's sole permanent concession stand in operation, seven days per week, from May through August. It provides concessions to beach-goers, park patrons, and NARA Camp participants. There is ample parking for the snack bar and is located alongside of Acton's only outdoor swimming beach. More information about NARA Park may be found here: <http://www.actonma.gov/312/NARA-Park>.

SECTION II. KEY DATES FOR THIS PROPOSAL

Following are key dates for this Request for Proposal. Please respond in according to these requirements.

Key Dates for this Proposal

February 17, 2020	Proposal posted on Town Website
February 24, 2020	Briefing Session at NARA Office, 25 Ledge Rock Way, Acton
February 28, 2020	Last day to submit questions to the Town Manager's Office
March 6, 2020	Proposals Due, 2:00 PM, Town Manager's Office, 472 Main Street, Acton, MA, 01720
March 13, 2020	Tentative optional interview date
March 6, 2020	Notification of Award/Generate contracts for signature
April 3, 2020	Board of Health Food Service Vendor License Required Date
May 23, 2020	Equipped, supplied, and ready to open for operations

SECTION III. PROPOSAL INSTRUCTIONS

A. GENERAL

- a. Attention of all proposers is directed to Chapter 30B of the Massachusetts General Laws and to all other applicable sections of the General Laws as most recently amended which govern the award of this contract.
- b. The Town of Acton may cancel this RFP, in whole or in part, or may reject all proposals submitted in response, or may procure only some goods and/or services outlined in this RFP whenever such action is determined to be fiscally advantageous to the Town if it is otherwise in the best interest of the Town.
- c. The Town of Acton may request that supplementary information be furnished to assure the Town that a proposer has the technical competence, the business and technical organization, and the financial resources adequate to successfully perform the necessary work.
- d. The following forms and documents are provided by the awarding authority and shall be **signed and submitted** with the proposal:
 - i. Certificate of Non Collusion (Appendix A)
 - ii. State Taxes Certification Clause (Appendix B)
 - iii. Food Vendor Concession Permit Application (Appendix C)
 - iv. Revenue Enforcement and Protection Certification (Appendix E)
 - v. Acknowledgement of Principal, if a Corporation or Acknowledgement of Principal, if a Partnership (Appendix F).

All proposals shall be in ink or typewritten and must be completed according to the instructions contained herein.

- e. Questions or clarifications rising from these documents shall be submitted to the Town in writing. They should be sent to the individual named in section V.B. They must be submitted in accordance with section II “Key Dates for This Proposal.” **A pre-submittal site visit and Briefing Session will be held on: February 24, 2020 at 2:00, located at NARA Park Office, 25 Ledge Rock Way, Acton.**
- f. All responses are to include a cover letter, which shall include a statement that the Proposal is in accordance with this RFP and that the proposer has read and understands all sections and provisions herein. Exceptions, if any, are to be clearly stated.
- g. All proposals shall be submitted to the Town of Acton’s Town Manager’s Office, 472 Main Street, Acton, MA 01720, on or before the date and time stated in Section II “Key dates for this Proposal.” Each proposal shall be in SEALED envelopes, clearly marked on the outside of the envelope to indicate the contents, and the name and address of the proposer.

- h. Proposers may correct, modify or withdraw the original proposals on or before the date and time as stated in the “Key dates for this Proposal.” Corrections or modification shall be in sealed envelopes, clearly marked to indicate the contents, with the name and address of the vendor. Any late correction or modification to the proposal will not be accepted. A proposer who wishes to withdraw a proposal must make the request in writing.
- i. Each proposer shall be presumed to have read and be thoroughly familiar with these documents. Unfamiliarity with these documents shall in no way relieve any proposer from any obligation in respect to his/her proposal.
- j. It is understood that the Vendor’s Proposal to the Town of Acton to provide said services and products will remain valid for 90 days past the submission deadline.
- k. It is understood that the proposer has submitted the Proposal in good faith and has not colluded with any other individuals, firms, or corporations in creating the proposal to subvert the market process. See Non-Collusion Certificate attached (Appendix A).
- l. All costs involved in preparing the Proposal will be borne by the vendor; the Town will not be liable for any costs associated with the creation of the Proposal. The proposer shall be familiar with all state, local and other laws relating to this type of work and shall obtain all permits required and shall pay all expenses for same.
- m. Proposals, which are incomplete, conditional or obscure, will be rejected. No award will be made to any proposer who cannot satisfy the awarding authority that he/she has sufficient ability and sufficient capital to enable him/her to meet the requirements of these specifications. The awarding authority’s decision or judgment on these matters shall be final, conclusive and binding.
- n. Any proposal received after the date and time stated in the “Key dates for this Proposal” will be deemed “non-responsive” and shall not be opened. Unopened proposals will be returned to the proposer.
- o. The Town Manager’s Office will receive two envelopes per proposal – one technical (or, “non-price”) and one price. After the submission deadline, two or more people will open and document the technical proposals without seeing the price proposals. The technical proposals are reviewed and ranked, and a recommendation is made to the Town Manager, who considers that along with his review of the price proposals. The proposals are not public documents until the evaluations are complete.
- p. Any contract resulting from this RFP shall be awarded to the proposer meeting all criteria and requirements and who has submitted the most advantageous proposal amount to the Town of Acton. The Town alone will be the sole judge in determining whether a vendor’s proposal satisfies the requirements of this RFP and whether or not the Proposal will prove advantageous to the Town. The

selected vendor will be under contractual agreement to the Town per the attached contract document.

- q. Response to this RFP acknowledges the vendor's acceptance of all sections and requirements of this document. The RFP will be written into the successful vendor's proposal as part of the system contract. If the vendor's proposal does not comply with the requirements of this RFP, or if an item is not understood in anyway, a copy of that section of the RFP must then be included in the proposal and all its copies clearly stating the deviation, additions, or other comments.

r.

B. SPECIFICATIONS AND CONDITIONS

- a. The selected vendor shall meet the standards and requirements of: (a) the State Sanitary Code, Chapter X, Minimum Standards for Food Establishments; (b) 105 code of Massachusetts Regulations (CMR) 590.009(B); and (c) the rules and regulations of the Acton Board of Health.
- b. The selected vendor shall obtain all necessary state and local permits and licenses. The selected vendor shall meet all the requirements of the Acton Board of Selectmen, Health Inspector, and Board of Health, including: Food protection manager certification, allergen awareness certification, liability insurance, and choke saving certification.
- c. The Town shall provide the following utilities, electricity and water, necessary for the food service operation, and shall provide trash receptacles, recycling receptacles, and pest control. The vendor is responsible and will be invoiced the difference in utility costs from the average of past seasons.
- d. The selected vendor shall provide ice cream services on all days, including holidays and weekends for the 2020 season.
- e. The selected vendor shall not assign, or sublease any portion of the licensed service without written permission from the Town of Acton.
- f. The selected vendor is responsible for half the renovation costs, split with the Town of Acton. This includes the purchase of a three-bay sink, dip well, and water heater.
- g. The selected vendor shall carry concessionaire's liability/product liability insurance in the amount of \$1,000,000 and shall provide the Town of Acton with a certificate of endorsement with the Town of Acton listed as an additional insured for the beach season period of the permit. The selected vendor shall also carry Worker's Compensation Insurance in the amount of \$500,000, and shall provide the Town of Acton evidence of such insurance coverage, unless the business owner operates the vendor unit, and does not hire employees to do so.
- h. The selected vendor shall make payment in full one month after the award of the proposals by certified check or money order.

- i. The Town of Acton shall have the right to revoke the concession permit for the Beach Food Vendor for reasonable cause, including, but not limited to: (a) failure to maintain a sanitary snack bar operation in conformity with all applicable state and local standards, (b) inappropriate, offensive, or criminal behavior by the vendor, or any employee or agent of the vendor, (c) misrepresentation of information provided in the enclosed vendor permit application, (d) failure to service the public as required by Section d above, or (e) failure to maintain a respectable, family-oriented, food service operation in the best interest of the public and the Town of Acton.
- j. The selected vendor shall adhere to the following Board of Health guidelines:
 - i. The selected vendor will meet with the Health Division prior to opening operations at the NARA Snack Bar to review all food service requirements.
 - ii. All packaged goods must come from a licensed source, and must be packaged and labeled;
 - iii. Vendor must have a vomit and diarrhea clean up procedure, as well as a spill kit on the premises;
 - iv. All potentially hazardous foods must be maintained at proper temperatures: frozen <0 Degree Fahrenheit; hot holding >140 Degrees Fahrenheit and cold holding <41 Degrees Fahrenheit. Wrapped cold foods are prohibited from direct contact with ice;
 - v. Properly calibrated thermometers must be available, and in use for monitoring food temperatures;
 - vi. Employees and vendors must wash their hands with soap and hot water;
 - vii. At the concession stand, foods must be adequately protected from the elements, insects, and the public. Good food-handling practices must be observed;
 - viii. Only single-service items may be used, and must be protected;
 - ix. Only single canned or bottled beverages will be allowed for sale;
 - x. The Snack Bar must be kept clean at all times. A labeled spray bottle for sanitizing solution must be available for cleaning all contact surfaces:
 - 1. Chlorine sanitizer: 50-100 PPM (1/2 TBL non-scented household bleach per 1 gallon water 100 ppm solution)
 - 2. Quaternary Ammonium sanitizer: 200 ppm (follow product instructions)
 - xi. The vendor will supply the Town with a listing of all food items to be sold and a price list.

C. NOTIFICATION OF AWARD

All proposers will be notified of the selection decision within approximately 14 days of the date proposals are due to the Town unless otherwise notified by the Town. In no case will the award be made beyond 90 days unless the vendor agrees to extend the period of time in which the proposal is valid.

D. AGREEMENT OF CONTRACT

This RFP, as well as the selected vendor's proposal, and any addenda to that proposal will become part of the final contractual documents. At the time of the signing of the contract, the concessioner/vendor shall submit the liability of insurance and Worker's Compensation Insurance documentation as outline in section III.B.g. and post damages Bond.

E. INSURANCE REQUIREMENTS

Refer to section III.B.g.

SECTION IV. PROPOSAL REQUIREMENTS

A. MINIMUM REQUIRMENTS

The Town of Acton shall reject proposals which do not meet the following certain minimum requirements:

1. One (1) year of management experience in the restaurant and/or concession operation.
2. Minimum acceptable guaranteed lease amount for the season: \$3,000.
3. The proposal must be from an established corporation, partnership, firm or individual who normally furnish such services as the principal business for which the corporation or firm is formed or has a minimum of one (1) year experience in managing a similar food service business. A description of the business including a list of clients (does not have to be a complete list; a sample is acceptable, including a complete list for the past one (1) year) and number of employees is required.
4. The proposer must provide a list of the names and titles of personnel who will be assigned to represent the business and who will be the principals and key personnel. Include resumes with their experience and qualifications.
5. A business plan.
6. The proposal must be received in the Town Manager's office before the deadline for receipt of proposals, and must be complete (must include or address all items specified in Section V – Proposal Submission Requirements).

7. The vendor must have signed all forms (listed in section III.A.d and attached hereto) and include them in the proposal package.
8. The proposal must be signed by an agent of the company who has authority to bind the company to a firm proposal price.

B. TECHNICAL SCOPE OF SERVICES

The following is a summary of the services the Town of Acton is requesting of the successful proposer.

Proposer will operate and maintain a high standard of food concession at NARA Beach Snack Bar at NARA Park, 25 Ledge Rock Way in Acton, MA.

It is expected that the startup of the successful proposer's operation will be on Saturday, May 23, 2020.

Manager on Duty – It is a strongly stated requirement that the Principal be onsite in a significant fashion during the peak time of operations to insure the proper management of the concession.

Public Health and Safety – The proposer must submit detailed evidence that past operations managed and run by the prospective firm (or individual) have complied with all health and safety regulations concerning the operation of Ice Cream service establishments. A full and accurate disclosure of any issues concerning Public Health, Public Safety histories is required to show the applicant has a demonstrated clean record in accordance with business operations of this nature.

Criminal Histories (CORI) – The Town shall conduct a Criminal Offender Record Information (CORI) check on all employees and the principal to perform work onsite for this contract. Any unacceptable results of CORI check shall result in an employee being unable to work on the premises.

Food Protection Manager Certification and Allergy Awareness Certification – The successful proposer will submit evidence that two employees have Food Protection Manager Certification and Allergy Awareness Certification (a primary and a backup). A certified Food Protection Person with Allergy Awareness Certification must be present at all times during with the ice cream concession is in operation.

Minimum Staffing – A main function of the concession service is to provide prompt service to the visitors of NARA Park and to provide adequate staffing. Please describe your staffing plan in your business plan.

Dress Code – It is recommended that a dress code be in effect for all concession employees while on the premises. The Town requires a neat and tidy appearance.

C. FINANCIAL SCOPE OF SERVICES

The financial plan and proposal must be submitted in a separately sealed envelope.

The Financial Scope of Services must include any information that would assist the evaluation committee in selecting the best-suited proposal.

The minimum bid amount for this business opportunity is \$3,000.

The vendor will pay half the costs to renovate the snack bar for ice cream services.

D. ADDITIONAL NARRATIVE/COVER LETTER INFORMATION

1. Please summarize what you believe your firm offers that are unique from other providers of ice cream services.
2. **Business Plan** – Proposer to submit a detailed business plan describing your approach to effectively providing ice cream and concession services. This should be detailed enough to allow the evaluation committee to understand the proposer’s approach to this important area in presenting a well-run concession business.
3. Please provide at least three (3) references with contact phone numbers. These references should be able to accurately vouch for your ability to meet the scope of this proposal.
4. A commitment needs to be made that the proposer, if given the award by March 6, 2020, can be operational on May 23, 2020. Refer to the Key Dates exhibit on page 2.
5. Please list the anticipated amount of support services and/or documents the Town would be required to provide.
6. A dress code policy that demonstrates a professional approach to serving the public is required.

SECTION V. PROPOSAL SUBMISSION REQUIREMENTS

A. SUBMISSION

One (1) sealed envelope, containing one (1) unbound original, one (1) copy of the complete proposal marked “NARA Beach Snack Bar 2020,” and (1) electronic copy in PDF form on a USB flash drive must be received per the time frame outlined in section II. It is the sole responsibility of the proposer to insure that the proposal arrives on time and at the designated place.

Within your Proposal, please supply the items referenced in Section IV and listed below and clearly structure and label your Proposal.

1. Narrative/Cover Letter including name of Proposer, address and telephone number and signed in ink by someone authorized to sign such documents.
2. Submit Dress Code of employees.
3. Submit resumes for principal(s) and key personnel (if selected). If key personnel are not selected at the time of proposal submittal, provide staffing plan and qualification requirements.
4. Provide business plan, sample menus and pricing and any other pertinent information required for the evaluation committee to use in their review process and all other requested information stated herein.
5. ServSafe certification and past health and safety track record.
6. All forms (listed in section III.A.d and attached hereto) signed and dated.
7. Bid amount **in a separate sealed envelope** clearly marked “Price Proposal-NARA Beach Snack Bar 2020” at the bid proposal with the name of the Proposer.

B. CONTACT INFORMATION

Clarification and interpretations of this RFP must be requested in writing, email preferred. Responses shall be likewise furnished. The last day to submit written requests can be found in the section Key Dates for this Proposal. A pre-submittal site visit and Briefing Session will be held on February 24, 2020 at 2:00, located at NARA Park Office, 25 Ledge Rock Way, Acton. Please contact the Town of Acton for clarification of this RFP.

Direct all inquiries regarding the RFP to:
John Mangiaratti
Town Manager
manager@actonma.gov
978-929-6611



Appendix A

TOWN OF ACTON

472 Main Street, Acton, MA 01720

Tel: 978-929-6611

Fax: 978-929-6350

Certificate of Non-Collusion

Description of Proposal:

Date of RFP: _____

The undersigned certifies under penalties of perjury that this proposal has been made and submitted in good faith and without collusion or fraud with any other person. As used in this certification, the word "person" shall mean any natural person, business, partnership, corporation, union, committee, club, or other organization, entity, or group of individuals.

(Name of Person Signing Proposal)

(Name of Business)

This form must accompany proposal.



Appendix B

TOWN OF ACTON

472 Main Street, Acton, MA 01720

Tel: 978-929-6611

Fax: 978-929-6350

STATE TAXES CERTIFICATION CLAUSE

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes under law.

*Signature of individual or Corporate Name

by: _____

Corporate Officer
(Mandatory, if applicable)

**Social Security # (Voluntary) or Federal Identification #

*Approval of a contract or other agreement will not be granted unless this certification clause is signed by the applicant.

**Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Providers who fail to correct their non-filing or delinquency will not have a contract or other agreement issued, renewed, or extended. This request is made under the authority of Mass. G.L. 62C s. 49.A.



Appendix C

New - Food Service Permit Application

Acton Board of Health
Health Dept. Phone: 978-929-6632
www.acton-ma.gov
health@acton-ma.gov

Form

F-1

Restaurant

- ☐ 0 Seats (\$185)
- ☐ 1-40 Seats (\$280)
- ☐ 41- 99 Seats (\$465)
- ☐ 100 + Seats (\$550)
- ☐ Frozen Dessert (\$100)
- ☐ Deli (\$100)
- ☐ Hot Bar (\$60)
- ☐ Cold Bar (\$60)
- ☐ HACCP (\$60)
- ☐ Milk/Cream (\$30)
- ☐ Shared Space (\$120)
- ☐ Shared Space with PHF's (\$185)

Retail/Market

- ☐ Retail (<5,000 s.f.) (\$230)
- ☐ Retail (5,000-10,000 s.f.) (\$280)
- ☐ Retail Over 10,000 s.f. (\$370)
- ☐ Sundries (20 Items or Less) (\$45)
- ☐ Sundries (21 Items and above) (\$80)
- ☐ Bakery (\$100)
- ☐ Deli (\$100)
- ☐ Hot Bar (\$60)
- ☐ Cold Bar (\$60)
- ☐ HACCP (\$60)
- ☐ Milk/Cream (\$30)

Other Food Service

- ☐ Catering (\$255)
- ☐ Bulk (\$65)
- ☐ Residential Kitchen (\$85)
- ☐ Mobile Food (\$100)/6 mo.
- ☐ Mobile Food (\$175)/year.
- ☐ Cafeteria (\$455)
- ☐ Pushcart (\$60)/6 mo.
- ☐ Utility Kitchen (\$60)

Total Food Service Licensing Fee \$ _____

Provide the following information under the authority of the General Laws of the Commonwealth of Massachusetts, Chapter 94, Section 305A, and Chapter 3, Section 5.

Establishment Name: _____

Establishment Address: _____

Establishment Telephone: _____

Owners and/or Corporate Officers: _____

Address: _____

Telephone Number: _____ Cell Phone Number: _____

Email: _____

Manager(s): _____

Operating Schedule: _____

Total Seating Capacity: _____

Types of Foods Served and/or Sold (Attach Menu): _____

Remit Application and Fee to:

Acton Board of Health – 472 Main Street, Acton, MA 01720

Employee(s) trained in the Heimlich Maneuver: _____
(Required while food is being served in restaurants with 25 or more seats) (Attach copy of certification)

Employee(s) that are Certified Food Protection Managers: _____
(Attach copy of certification)

Size of Establishment (sq. Ft.): _____

Size of Septic System (design flow/gallons/day) _____

Methods and Frequency of Sanitizing Equipment: _____

Type of Sanitizer used: _____

Describe pest control program: _____
(Include name of Pest Control Company)

Describe Rubbish Storage, Removal, Frequency and name of Hauler: _____

***Permit cannot be issued without active Food Protection Manager Certification, Allergen Awareness Certification, Liability Insurance, Choke Saving Certification (required for establishments with over 25 seats)**

The following signatures must be obtained (for new facilities only) from all relevant departments who have been notified of your intentions and may require the obtainment of permits and/or licenses exclusive of this application.

Building Department Representative

Date

Board of Selectmen Representative

Date

Town Clerk Representative

Date

Zoning Enforcement Officer

Date

Pursuant to the General Laws of Massachusetts, Chapter 62C, Section 49A, I certify under the pains and penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required by law.

I agree to comply with 105 CMR 590.00, Vending Machines and State Sanitary Code. I attest that the above information is accurate to the best of my knowledge and belief.

Signature of Owner/Applicant

Date

Remit Application and Fee to:
Acton Board of Health – 472 Main Street, Acton, MA 01720

☐ Enclose license renewal fee (checks can be made payable to the Town of Acton)



Appendix D

TOWN OF ACTON

472 Main Street, Acton, MA 01720

Tel: 978-929-6611

Fax: 978-929-6350

REVENUE ENFORCEMENT AND PROTECTION **CERTIFICATION (REAP)**

Pursuant to M.G.L.Ch. 62C, Section 49A, I certify under the perjury that I have filed all Massachusetts State Tax Returns and paid all Massachusetts State and Town Taxes required under law.

Company Name: _____

Street and No: _____

State: _____ Zip Code: _____

Telephone: _____

Social Security or Federal Identification Number: _____

Certified by State Office or Minority and
Women Business Assistance (SOMWBA): _____

Date of Certification: _____

Failure to complete this form may result in rejection of the RFP.

Authorized Signature

Date



Appendix E

TOWN OF ACTON

472 Main Street, Acton, MA 01720

Tel: 978-929-6611

Fax: 978-929-6350

ACKNOWLEDGEMENT OF PRINCIPAL, IF A CORPORATION:

State of _____

County of _____

On this _____ day of _____, 2020, before me personally came and appeared _____, proved to me through satisfactory evidence of identity, which was _____, to be the person whose name is signed below, who, being by me duly sworn, did depose and say to me that he resides at _____, that he is

_____ of _____ the corporation described in and which executed the foregoing instrument; that he knows the seal of said corporation; that one of the impressions affixed to said instrument is an impression of such seal; that it was so affixed by the order of the directors of said corporation and that he signed his name thereto by like order.

(Seal)

Notary Public

ACKNOWLEDGEMENT OF PRINCIPAL, IF A PARTNERSHIP:

State of _____

County of _____

On this _____ day of _____, 2020, before me personally came and appeared _____, proved to me through satisfactory evidence of identity, which was _____, to be the person whose name is signed below, and one of the members of the firm of _____ described in and which executed the foregoing instrument and he acknowledged to be that he executed the same as and for the act and deed of said firm.

(Seal)

Notary Public